

The logo of the Indiana Family & Social Services Administration is a circular seal. It features a central emblem with a stylized figure and the letters 'FSA'. The words 'INDIANA FAMILY & SOCIAL SERVICES' are written in a circle around the top, and 'ADMINISTRATION' is written around the bottom.

Medicaid Oversight Committee Meeting

Secretary Mitch Roob

Family and Social Services Administration

August 20, 2008

FNS Letter- August 19, 2008



AUG 19 2008

United States
Department of
Agriculture

Food and
Nutrition
Service

Midwest Region

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Chicago, IL
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E. Mitchell Roob, Jr., Secretary
Indiana Family and Social Services Administration
402 West Washington, Room W461
P.O. Box 7083
Indianapolis, Indiana 46204-7083

Dear Mr. Roob:

This is in regard to the letter dated June 23, 2008, which concerned the timeliness of processing applications for participation in the Food Stamp Program (FSP) in Indiana.

The letter cited Quality Control (QC) data for the period of March 2007 through August 2007, which indicated that the State's average application processing timeliness rate for this six month period was 82.94 percent. Based on these data, the Food and Nutrition Service (FNS) requested that the State develop and implement a corrective action plan to improve the timeliness of application processing. As stated in the June 23 letter, the FNS requires that States falling below 90 percent compliance have a State level corrective action plan indicating actions to be taken immediately, and pursued until the upper level of the confidence interval reaches 95 percent.

The June 23 letter did not include QC data from the subsequent 6 month reporting period of August 2007 through January 2008. Data from this most recent reporting period indicates an improvement in the State's application timeliness over the previous 6-month period. Indiana's average application processing timeliness rate during this period was 88.67 percent, an improvement of 5.73 percent above the upper bound 95 percent confidence interval reported for the previous 6-month period. Data from the August 2007 to January 2008 reporting period should have been included in the June 23 letter. We apologize for this omission.

While FNS is encouraged by this progress in application processing timeliness, data from both 6 month reporting periods demonstrate a need for continued improvement. FNS staff continues to be available to assist your staff in developing a corrective action plan to improve the State's timeliness rates for processing food stamp applications. We look forward to receiving Indiana's plan in the near future.

FNS will continue to provide State agencies the 6-month rolling data on application processing as it becomes available. In addition, FNS will announce the final FY 2007 application timeliness data by the end of September 2008. As these data will be based on a

FS 13-16-2 IN

"Indiana's average application processing timeliness rate during this period was 88.6 percent, an improvement of 5.73 percent above the upper bound 95 percent confidence interval reported for the previous 6-month period. Data from the August 2007 to January 2008 reporting period should have been included in the June 23rd letter. We apologize for this omission".

Strategy for Improving Neonatal Outcomes



Birth Outcomes in Medicaid

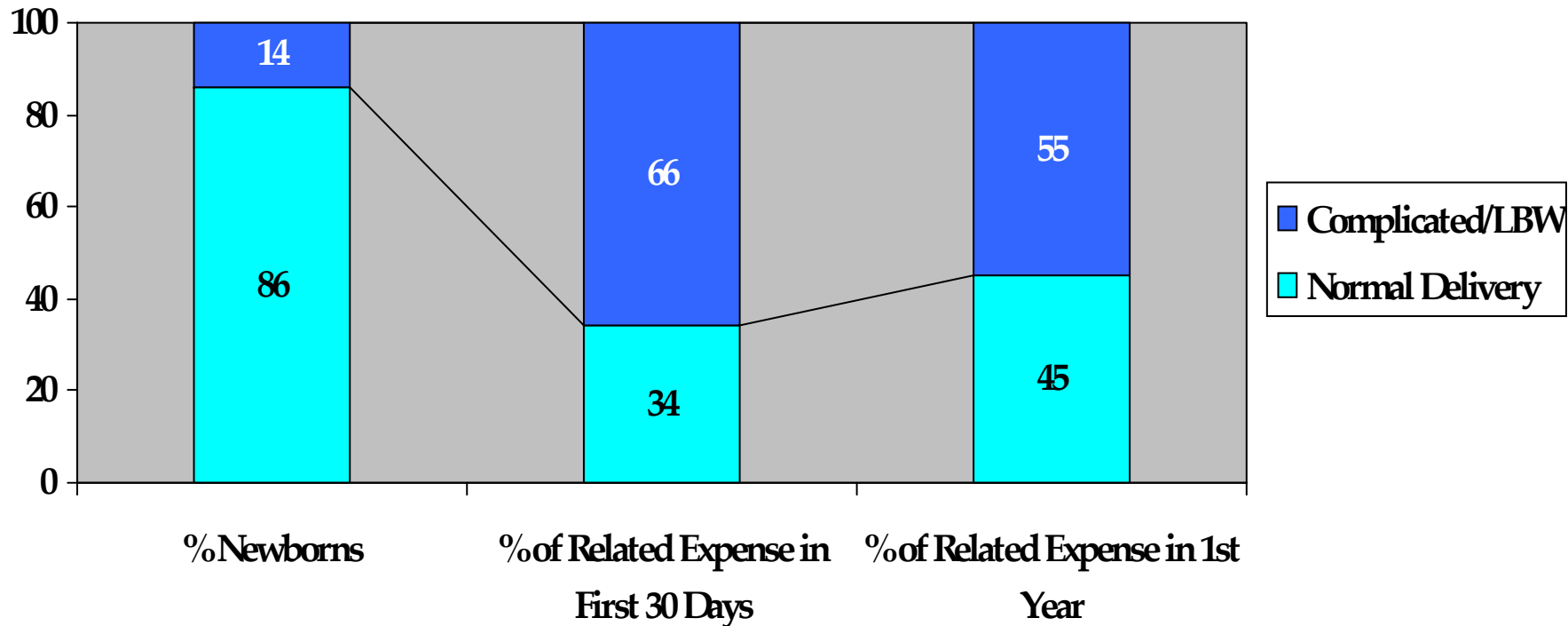


- ✓ Over 50% all Indiana births financed by Medicaid
- ✓ Up to 25% with complications depending on mother's age and race
 - Complications can result in long-term medical and social consequences
- ✓ Indiana Medicaid spends over \$450M annually on pregnancy & delivery
 - Complicated deliveries drive disproportionate % cost

Expenses During First 30 Days and First Year for Normal and Complicated/Low Birth Weight Births



2005/2006 Deliveries and Expenditures



Prenatal Quality and Outcomes

Goals and Objectives



Goals: Improve several perinatal indicators, including birth weight, NICU admissions, complications, preterm births, infant mortality and early prenatal care.

Objectives: Remove barriers to early prenatal care and improve outcomes for those eligible for Medicaid. Create strategies that target Medicaid eligible women of child bearing age.

Birth Outcomes in Managed Care vs. Fee-For-Service



✓ Outcomes for newborns born to women ages 20-29 under FFS or MCO are shown

✓ Poor outcomes, including low birth weight and other complications were more frequent for newborns delivered to FFS women

✓ The C-section rate was higher for FFS women vs. MCO women

✓ Excludes: MHS data

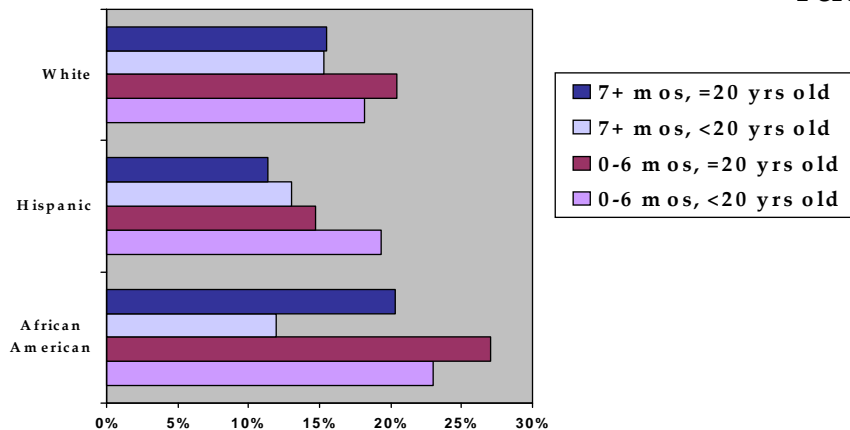
✓ Includes: MDwise, CareSource, Molina, and Harmony

✓ Anthem was not an MCO during CY05-CY06

Newborns CY05-CY06	FFS 20-29 yrs	MCO 20-29 yrs
Total Newborns	12,876	18,176
% C-Section	27%	22%
% Vaginal	73%	78%
> 2,500 grams, Normal Newborn Diagnosis	84.5%	87.4%
> 2,500 grams, with complications	7.92%	6.81%
2,000 to 2,400 grams	3.18%	2.61%
1,500 to 1,999 grams	1.62%	0.95%
1,000 to 1,499 grams	0.87%	0.34%
750-999 grams	0.30%	0.14%
<750 grams, discharged alive	0.18%	0.05%
Died	0.29%	0.11%
Transferred	1.33%	1.55%
Other	0.04%	0.02%

FFS Deliveries: LBW and Complications: Effect of Coverage, Race, Age, & Months of Enrollment

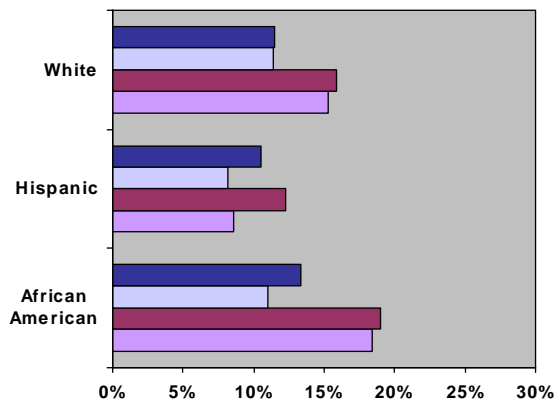
FFS Deliveries



Percent of Low Birthweight and Complicated Births

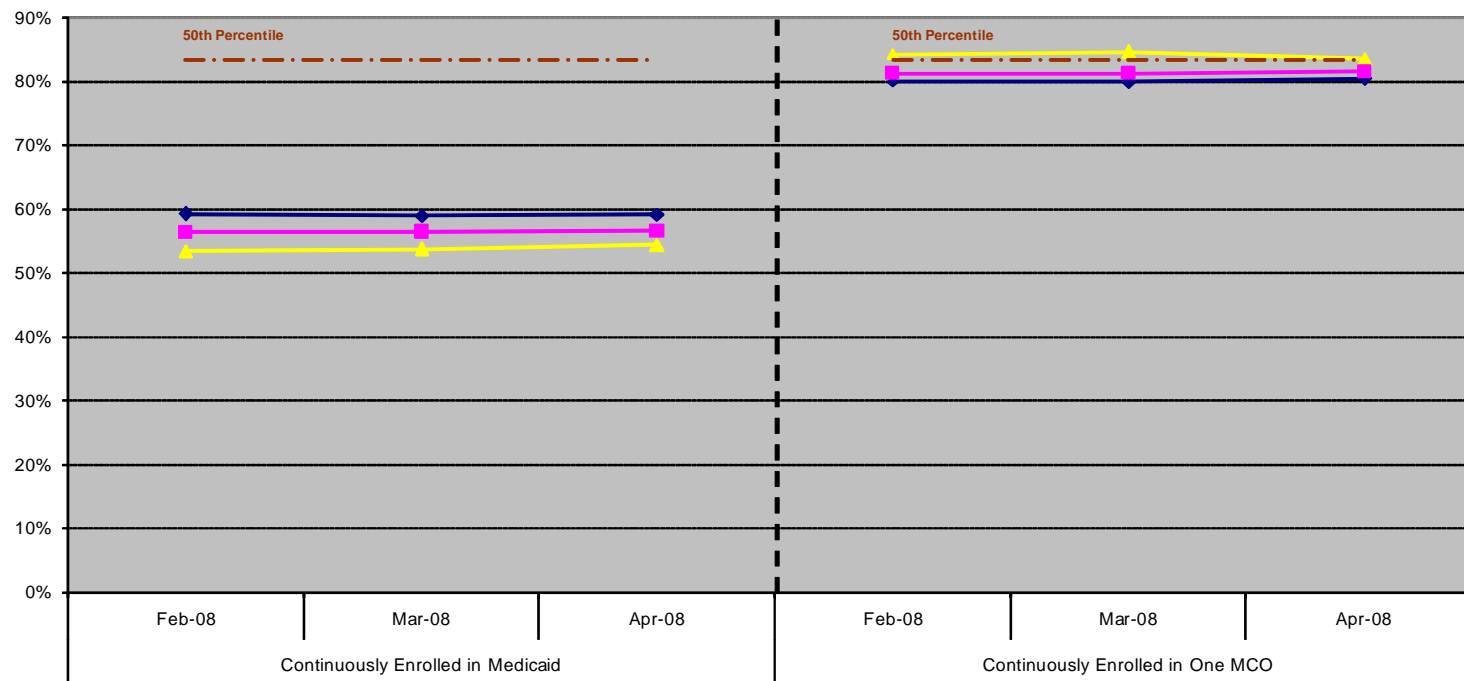
A greater proportion of newborns have complications, including Low Birth Weight with fewer months of enrollment.

MCO Deliveries



Percentage of deliveries with complications is lower for MCO Deliveries vs. FFS

Hoosier Healthwise Prenatal Care



Benchmark	
MEAN	79.07%
10th Percentile	61.07%
25th Percentile	74.21%
50th Percentile	83.33%
75th Percentile	88.10%
90th Percentile	91.48%

Benchmarks: Benchmarks selected based on National Quality Measures and Historical Data.

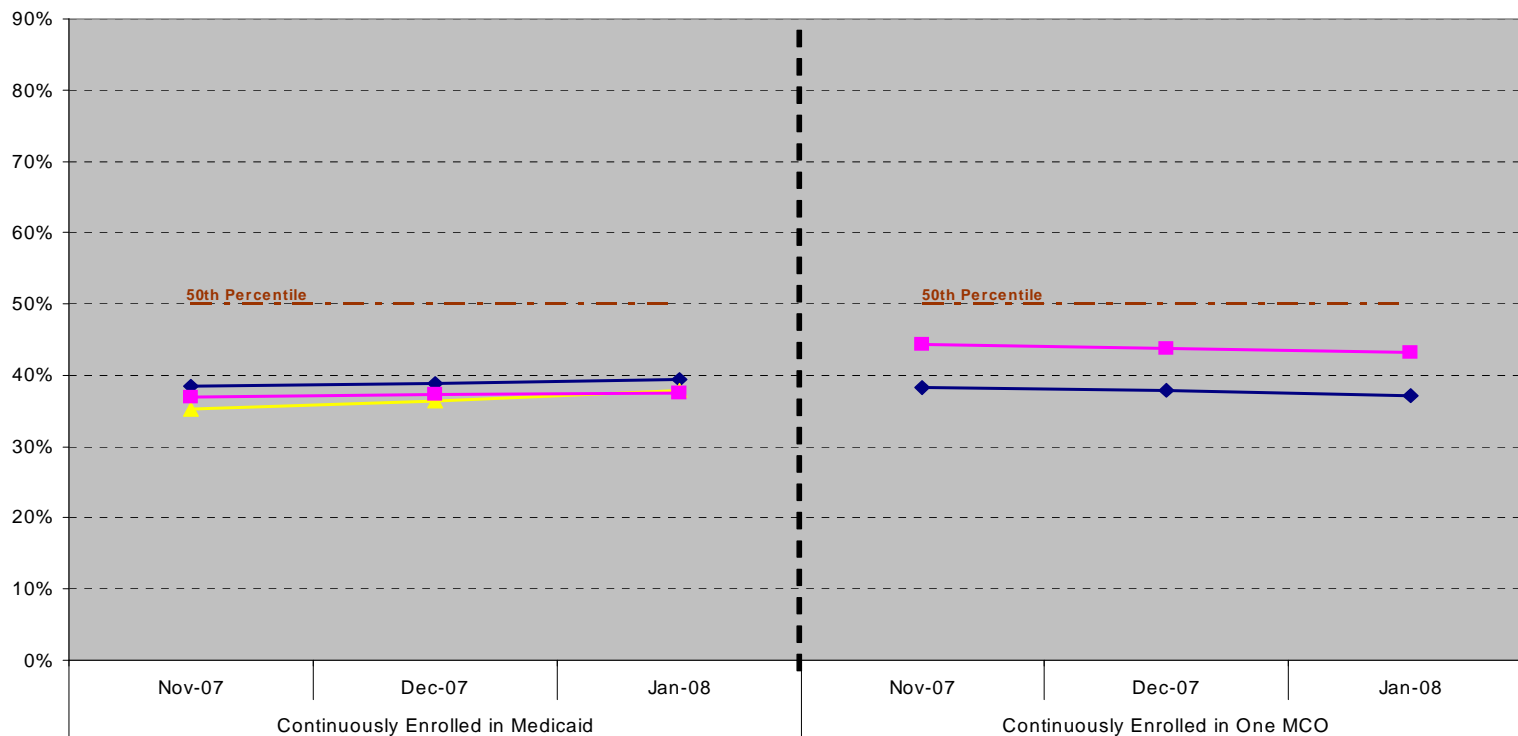
Frequency: Deliveries that received a prenatal care visit as a member of the MCO in the first trimester or within 42 days of enrollment.

Exposure: No age specified but continuous enrollment 43 days prior to delivery through 56 days after delivery. Each reported date contains 12 calendar months of experience.

Managed Health Services Anthem MDwise

	Continuously Enrolled in Medicaid						Continuously Enrolled in One MCO					
	February 2008		March 2008		April 2008		February 2008		March 2008		April 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	3,341	5,639	3,353	5,689	3,301	5,579	3,322	4,156	3,375	4,222	3,339	4,153
Anthem	2,788	5,215	2,865	5,334	2,900	5,333	3,030	3,601	3,200	3,785	3,191	3,821
MDwise	6,387	11,337	6,411	11,352	6,328	11,175	7,205	8,868	7,213	8,877	7,146	8,763

Well Child Visits – First 15 Months of Life (6 or more)



Benchmark

MEAN	48.61%
10th Percentile	22.38%
25th Percentile	41.59%
50th Percentile	50.00%
75th Percentile	59.15%
90th Percentile	68.61%

Benchmarks: Benchmarks selected based on National Quality Measures and Historical Data.

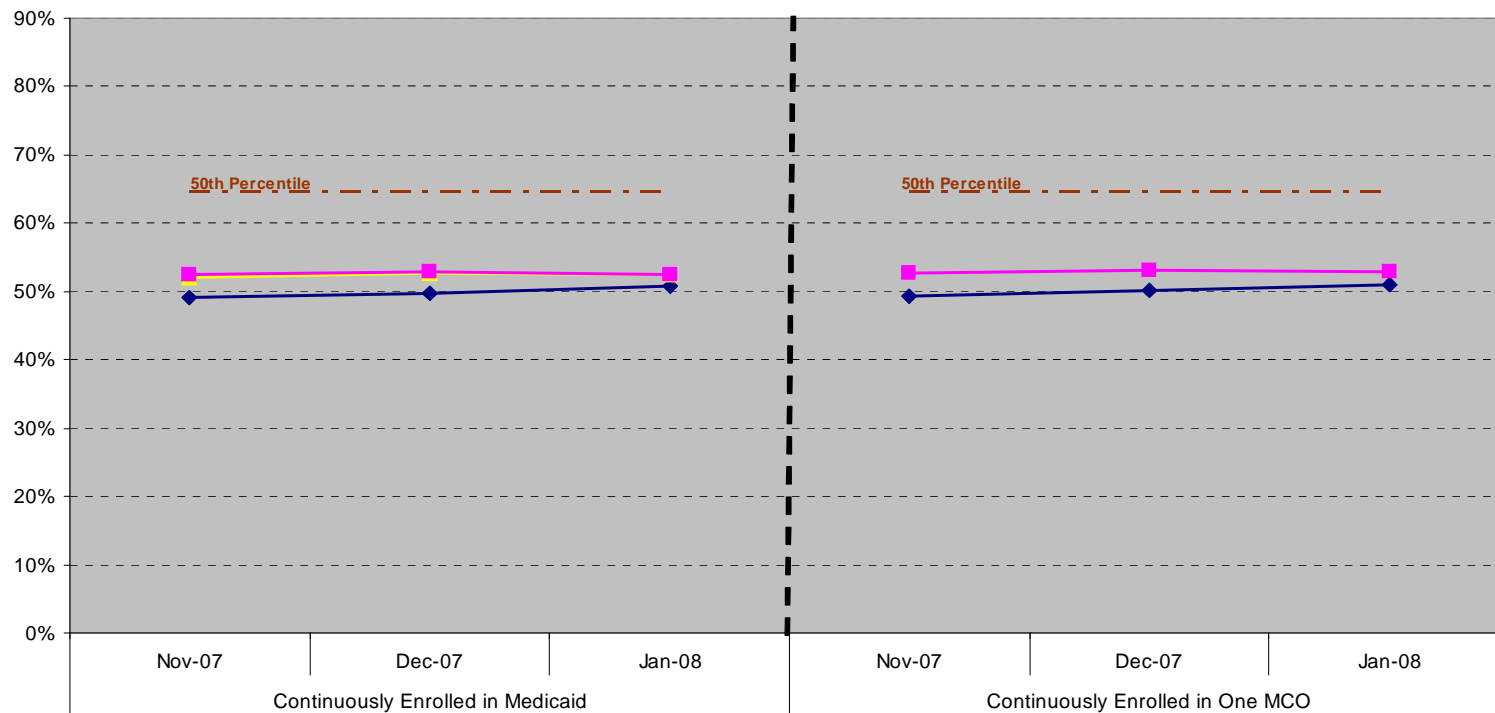
Frequency: Children who had 6 or more well-child visits with a primary care practitioner during their first 15 months of life.

Exposure: A systematic sample of children up to 15 months old during the measurement year with continuous enrollment 31 days–15 months of age. Each reported date contains 12 calendar months of experience.

Managed Health Services Anthem MDwise

	Continuously Enrolled in Medicaid						Continuously Enrolled in One MCO					
	November 2007		December 2007		January 2008		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	3,137	8,169	3,217	8,298	3,412	8,670	1,811	4,722	1,827	4,812	1,827	4,908
Anthem	1,327	3,773	1,387	3,814	1,502	3,957	0	0	0	0	0	0
MDwise	5,594	15,136	5,719	15,341	5,697	15,212	2,073	4,681	2,110	4,829	2,044	4,735

Well Child Visits - 3 to 6 Year Olds



Benchmark	
MEAN	63.32%
10th Percentile	50.07%
25th Percentile	56.74%
50th Percentile	64.80%
75th Percentile	70.83%
90th Percentile	77.52%

Benchmarks: Benchmarks selected based on National Quality Measures and Historical Data.

Frequency: Members 3-6 who received one or more well-child visits with a primary care practitioner.

Exposure: Children 3-6 years old during the measurement year. Each reported date contains 12 calendar months of experience.

Managed Health Services Anthem MDwise

	Continuously Enrolled in Medicaid						Continuously Enrolled in One MCO					
	November 2007		December 2007		January 2008		November 2007		December 2007		January 2008	
	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.	Freq.	Expo.
MHS	13,736	28,029	13,847	27,824	14,628	28,839	9,611	19,482	10,322	20,610	10,654	20,889
Anthem	7,785	14,957	8,042	15,266	8,269	15,728	0	0	0	0	0	0
MDwise	26,723	50,948	27,086	51,299	26,371	50,261	17,217	32,609	19,135	36,000	18,849	35,587

Strategies for Improvement



- Promote Coverage
 - HIP
 - Hoosier Healthwise
- Accelerate Early Entry and Engagement in Care
 - Presumptive Eligibility for Pregnant Women
 - Expand definition of qualified provider (negotiate with CMS)
 - Open Enrollment (12 Month Lock-in)
 - Notification of Pregnancy (NOP) Form (Risk Assessment)
 - Plan Selection at Enrollment
- Incentives
 - Health Plans
 - Providers (eg, NOP)

Open Enrollment*



✓ Definition

- Members remain enrolled in their chosen Managed Care Organization (MCO) for a one-year period

✓ Purpose

- HHW experiences significant discontinuity of care including frequent gaps in coverage and MCO plan changes
 - Up to 50% of MCO membership is no longer with that plan after 12 months
 - MCOs now have authority under 1115 waiver to assist members in re-determination process to reduce gaps in coverage
- Movement toward quality & accountability among MCOs
 - Improved data integrity & continuity

Open Enrollment



✓ Benefits

- Member
 - Simplifies HHW program and assists in establishing a relationship with MCO & PMP
 - Data suggest possible improvements in quality of care due to improved continuity & coordination
- MCO
 - Assists in establishing long-term relationship with member
 - Reduces administrative costs & encourages MCO investment in quality improvement initiatives
- Provider
 - Reduces disruptions to treatment plans & administrative costs
 - Improved coordination of multiple providers such as primary care providers & behavioral health providers

Open Enrollment



✓ Additional Details

- Policy & process will mirror Healthy Indiana Plan
- Member Choice & Just Cause
 - Members also maintain the right to change MCOs during the first 90 days of enrollment in accordance with federal requirements
 - Members will maintain the right to change MCOs when there is *just cause*
 - Lack of access to necessary services covered under the MCO's contract
 - The MCO does not, for moral or religious objections, cover the service a member seeks
 - Member needs related services to be performed at the same time & not all related services are available within the plan's network
 - Lack of access to the type of providers experienced in dealing with the member's health care needs
 - Concerns over quality of care. Poor quality of care includes failure to comply with established standards of medical care administration and significant language or cultural barriers.

Incentives: Proposed Prenatal Care Measures



Measure	Type	Current Rate	National Standards	Target	Goal
% LBW (newborn wt <2500 gr)	OMPP Defined	ISDH Data Linkage with OMPP Underway	Indiana 2005: 8.3% National 2005: 8.2% (Source: Birth Records)	TBD	Decrease Low Birth Weight Births
% Preterm (< 37 weeks)	OMPP Defined	ISDH Data Linkage with OMPP Underway	Indiana 2005 – 11.6% National 2005 – 11% (Source: Birth Records)	TBD	Decrease % Preterm Births
Frequency of Ongoing Prenatal Care (Based on 81% of expected prenatal visits adjusted for month of enrollment and gestational age)	HEDIS	HEDIS 2008 (CY07) Anthem: 57% MHS: 75% MDWise: 75%	HEDIS Medicaid (81% of expected visits) Mean: 58.6% 10 th – 33% 25 th – 49.4% 50 th – 62.9% 75 th – 71.7% 90 th – 78.6%	TBD	Goal: Increase % of women receiving at least 81% of expected visits
Timeliness of Prenatal Care (% visit within first trimester <u>or</u> 42 days enrollment within MCO)	HEDIS	HEDIS 2008 (CY07) Anthem: 92% MHS: 89% MDWise: 91%	HEDIS Medicaid Mean: 90.6% 10 th – 82.7% 25 th – 88.4% 50 th – 93.2% 75 th – 95.9% 90 th – 97.5%	TBD	Goal: Increase timeliness of prenatal care for MCO enrollees

Timeline/Next Steps



- ✓ Coverage & Outreach – Ongoing for HIP/HHW
- ✓ Presumptive Eligibility – Submit revised SPA to CMS in late August
- ✓ NOP Risk Assessment – Plan for early 2009
- ✓ MCO & Provider Incentives – January 2009
- ✓ Open enrollment – Consider for January 2009
- ✓ Plan/PMP selection at enrollment – Consider for July 2009

AUTO ASSIGNMENT



Auto Assignment



- ✓ Mandatory Federal requirement for Hoosier Healthwise, Healthy Indiana Plan, and Care Select programs
- ✓ Assign member to appropriate primary medical provider (PMP) if the member does not self select within first 30 days of eligibility
- ✓ Auto Assignment Logic-
 - Assign to Previous PMP
 - Assign to a PMP with Previous MCO
 - Check Case ID for Family Members' PMP
 - Default



Default Auto Assignment



✓ Change in default logic

■ Currently-

- MCO's receive members in a rotating order
- The system finds a PMP who is appropriate and geographically closest (up to 30 miles)

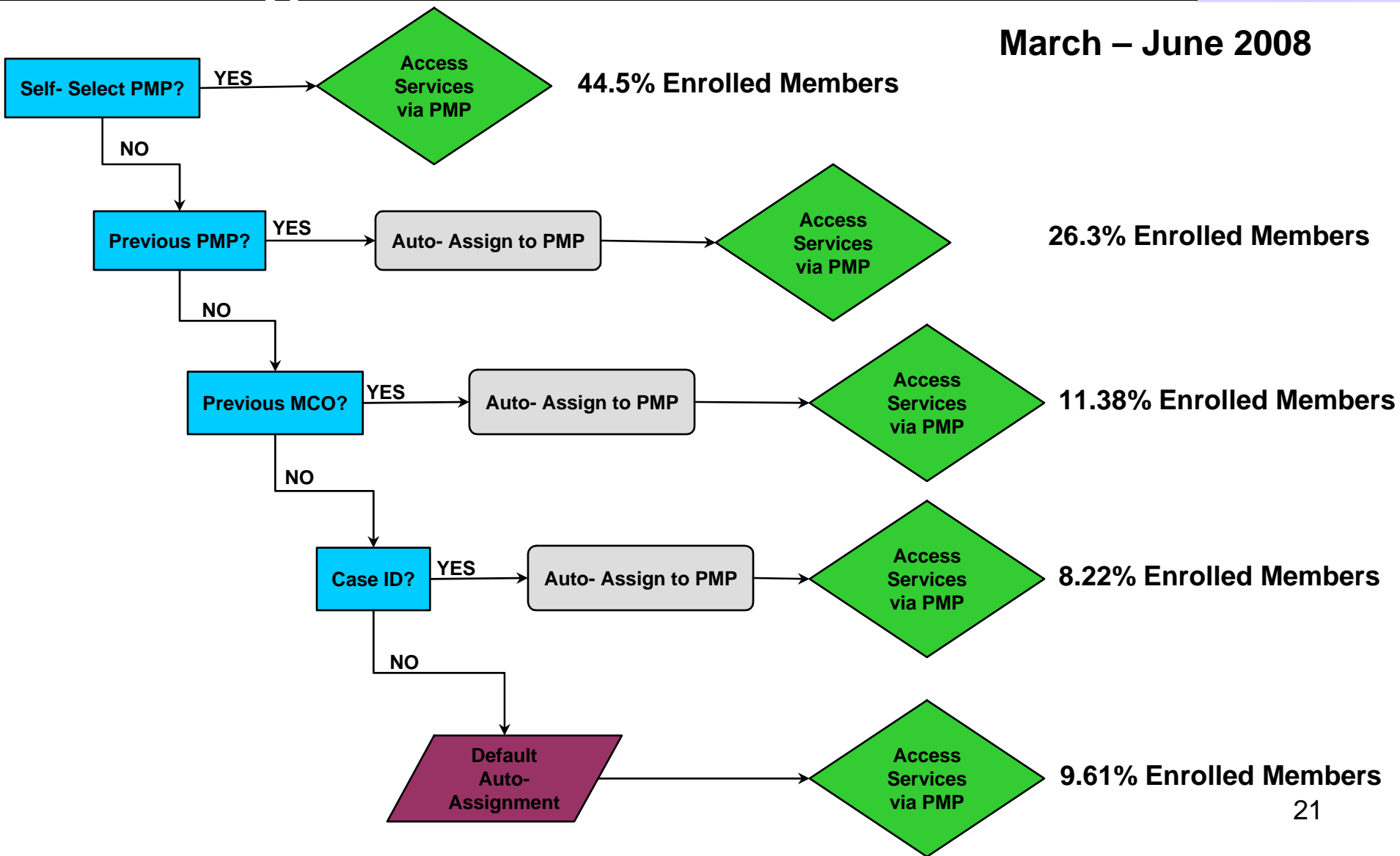
■ Change Being Developed-

- Geographically closest PMP regardless of MCO

Self-Selection and Auto-Assignment Flow



March – June 2008



Auto-Assignment & Ethnicity



**March – June 2008
Statewide**

Ethnicity	Self-Select	Previous PMP	Previous MCO	Case ID	Default
African-American	41%	33%	11%	7%	8%
Asian	34%	19%	8%	24%	15%
Caucasian	46%	24%	12%	8%	10%
Hispanic	41%	28%	9%	12%	10%
Native American	53%	27%	4%	7%	9%
Other	45%	24%	10%	9%	12%

Future Direction Auto Assignment



- ✓ Increase percentage of members self-selecting
 - Consider requiring plan & PMP choice at time of enrollment similar to HIP
 - Improve transparency & utility of information available to members
 - Provide side-by-side comparison charts on Internet and via mailing of MCOs including plan description, provider network composition, quality performance, provider/member satisfaction
- ✓ Change priority of auto assignment to focus on location of PMP before new MCO relationship
- ✓ Longer term: Change auto assignment to focus on MCO quality performance

Children's Health Insurance Program



SCHIP Expansion to 250% FPL



- ✓ CMS approved State Plan Amendment May 2, 2008
- ✓ October 1, 2008 implementation date
- ✓ Implementation schedule on time
 - Eligibility system (ICES) changes in progress
 - No impact to modernization
 - DFR workforce preparations
 - Informed of estimated new eligible applicant pool
 - ICES Policy Manual transmittal early August

Marketing



✓ Marketing and Education

- New logo and updated Hoosier Healthwise brochures
- Co-branding with HIP
- Updated FSSA website
- Annual Covering Kids & Families Back-to-School Event
- FSSA Secretary HIP & CHIP promotional tour
- Provider outreach at annual EDS seminar





Continuous Eligibility For Children Under 3 Years



- ✓ Definition
 - Eligible children age 0-3 receive 12 months of coverage prior to re-determining eligibility
- ✓ Implemented November 2007
- ✓ Forecasted to result in an average of 5,616 more children per month by the end of SFY 2009.
- ✓ Ongoing training for DFR eligibility workers is underway

EPSDT Strategy



- ✓ Federally required services for Medicaid funded children under age 21
- ✓ Conducting gap analysis between current services and EPSDT recommendations
- ✓ Coordination of EPSDT initiatives with other quality strategies
 - Prenatal strategy via the adolescent care visits
 - Well child visits
 - Children's behavioral health care

MCO EPSDT HEDIS Data

2008



Medicaid Oversight EPSDT Information Calendar Year 2008

Measure	Indicator	MHS	MDWise	Anthem	HEDIS 2007 Benchmark Data			
					25 th	50 th	75 th	90 th
Childhood Imms (CIS)	Combination 2	61.3%	75.4%	71.9%	68.3	75.2	80.1	84.8
	Combination 3	56.0%	61.1%	64.0%	54.3	62.6	70.7	74.5
Lead Screening (LSC)	Lead Screening (LSC)	47.7%	40.2%	41.2%	First year measure for HEDIS, no benchmarks available.			
Well-Child 0-15 Months	Six or More Visits	49.8%	51.3%	NA	46.6	56.6	64.4	75.2
Well-Child Visits 3-6 Years	One or more visits	59.1%	56.7%	60.7%	62.7	67.5	74.9	79.9
Adolescent Well-Care Visits	One or more visits	37.5%	42.1%	44.9%	35.3	42.1	51.4	58.9

The Healthy Indiana Plan



HEALTHY INDIANA PLANSM
Health Coverage = Peace of Mind



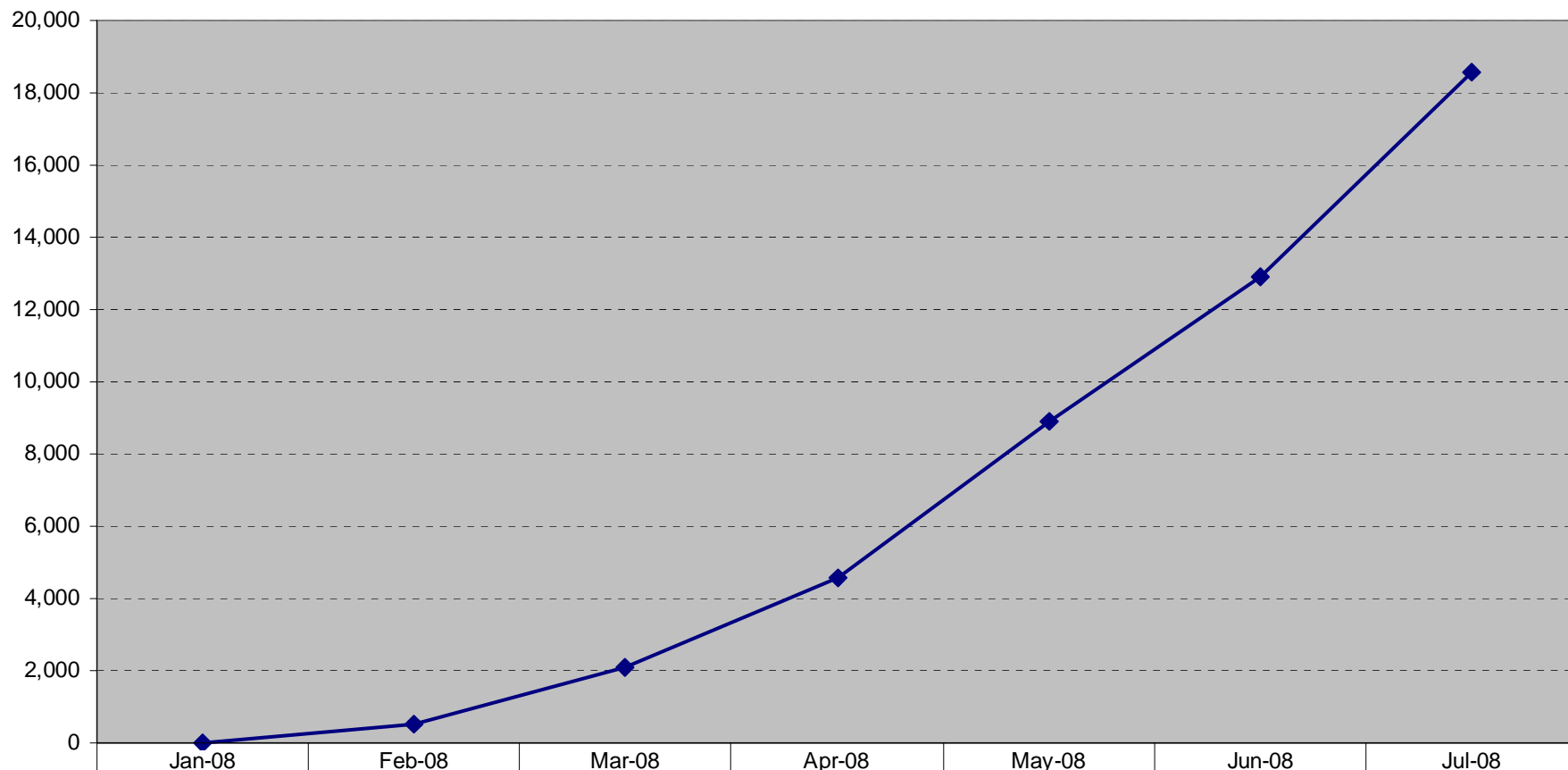
Healthy Indiana Plan Enrollment



Over 20,000 Fully Eligible!

- ✓ HIP Enrollment Update:
 - Total Applications- 70,133
 - Pending- 14,462
 - Eligible- 28,017
 - Fully Eligible- 20,859
 - Conditionally Eligible- 7,158
 - Denied- 20,198
 - Have had health insurance within the last 6 months
 - Have access to Employer-Sponsored Health Insurance

Healthy Indiana Plan Membership By Plan



◆ Total	14	508	2,074	4,566	8,902	12,903	18,583
Anthem	8	368	1,594	3,462	6,840	9,802	13,745
MDwise	5	133	454	1,035	1,952	2,948	4,634
ICHIA/ESP	1	7	26	69	110	153	204

Source: Business Objects.



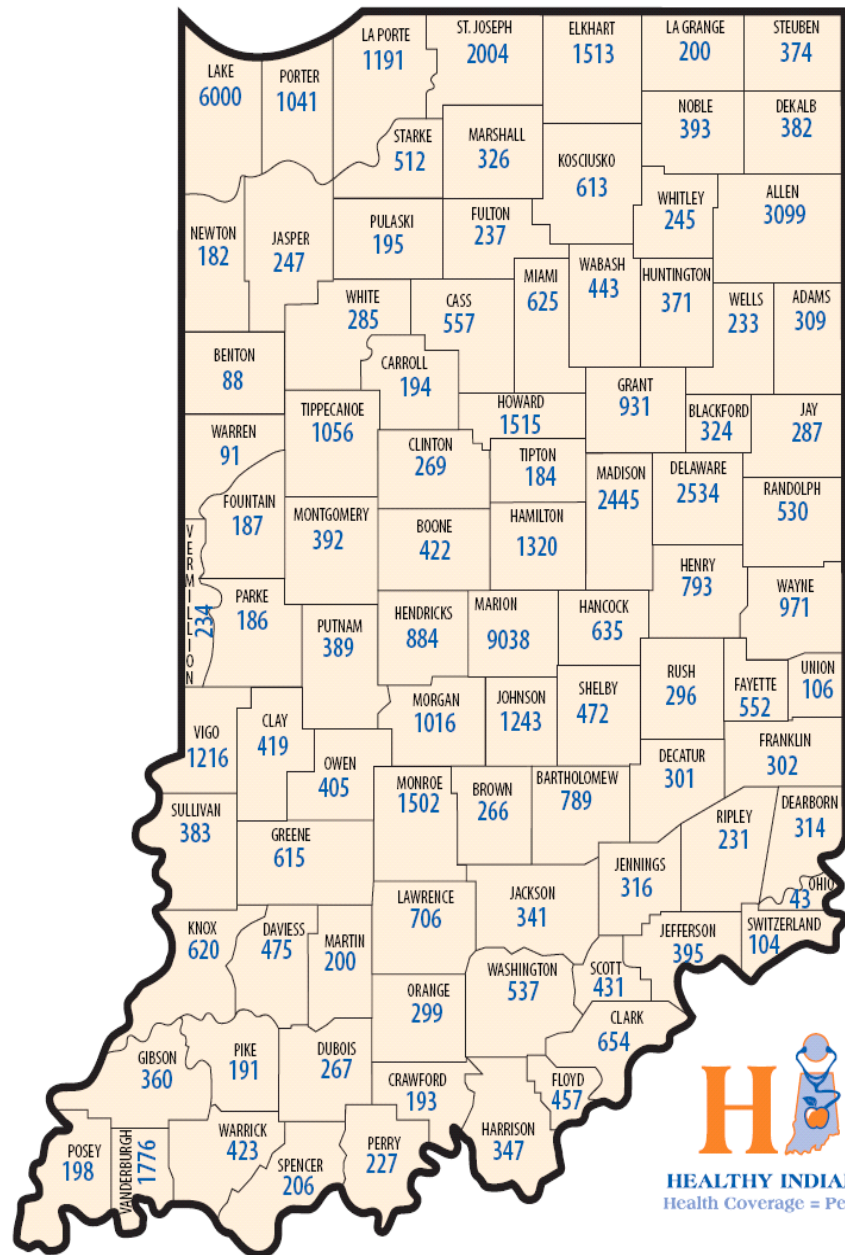
HIP Applications

A Look Around the State

Healthy Indiana Plan (HIP)
Applications by County

Total Applications as of 8/15/08 = 67,670

- ✓ Statewide distribution fairly consistent with population
- ✓ Map as of August 15, 2008, totaling 67,670 applications statewide
- ✓ Top 3 Counties:
 - Marion – 9,038
 - Lake – 6,000
 - Allen – 3,099





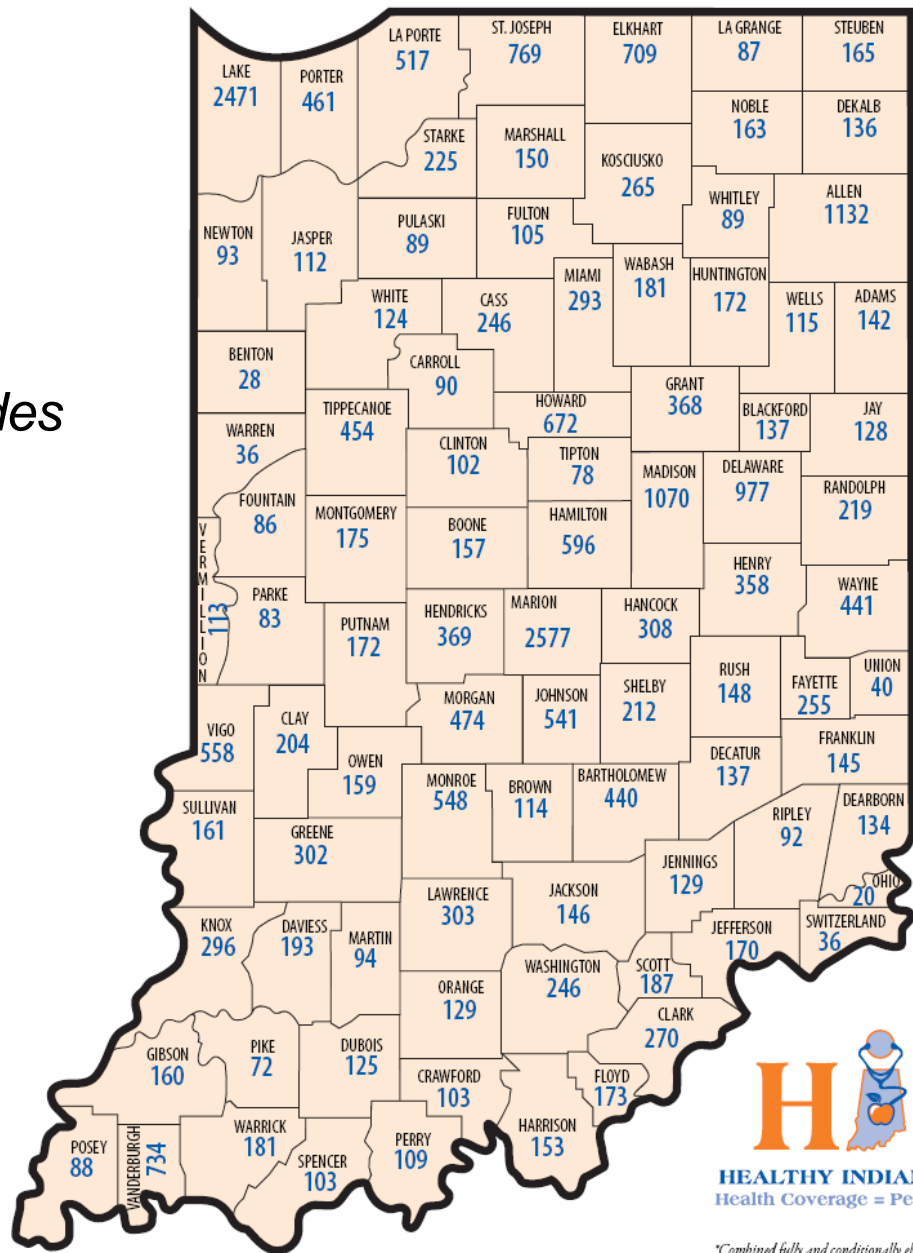
HIP Enrollment

A Look Around the State

Healthy Indiana Plan (HIP)
Applications by County
Approved Applications* as of 8/15/08 = 27,689

✓ Map as of August 15, 2008, totaling 27,689 eligible statewide (*includes fully and conditional*)

- ✓ Top 3 Counties:
- Marion – 2,577
 - Lake – 2,471
 - Allen – 1,132



Enrollment Demographics



✓ Parental Status

- Childless Adults- 60.2%
- Parental Adults- 39.8%

✓ Minority

- African American- 9.1%
- Hispanic- 2.4%
- White- 86.1%

✓ Family Income

- Below 100% FPL- 68.5%
- Above 100% FPL- 31.5%

**FSSA Developing Phase II
Marketing Plan for
Targeted Outreach to
These Populations**





HIP Buy-In Option



- ✓ Available July 1, 2008 for Hoosiers determined to be over-income for the subsidized HIP product
- ✓ Information on buy-in option included in denial notice from FSSA
- ✓ Anthem plan is now available
- ✓ MDwise with Americhoice plan will be available later this year